

ROBERT E. BUSHNELL*†

JOSEPH G. SEEBER*
JOHN C. BROSKY*+*
DARREN R. CREW+*
MATTHEW J. LESTINA‡*
SARYADVINDER S. SAHOTA‡*
RICHARD H. STERN*

MICHAEL D. PARKER
DANIEL A. GESELowitz, Ph.D.
(REG. PATENT AGENTS)

J1132 U.S. PTO
02/21/02

R. E. BUSHNELL
ATTORNEY AT LAW
1522 K STREET, N.W., SUITE 300
WASHINGTON, D.C. 20005-1202
UNITED STATES OF AMERICA

INTELLECTUAL PROPERTY LAW

TELEPHONE (202) 408-9040
FACSIMILE (202) 289-7100
FACSIMILE (202) 628-3835
FACSIMILE (410) 747-0022
E-MAIL: REBUSHNELL@AOL.COM

21 February 2002

- U.S. Postal Service
 Via Local Courier
 Via International Courier
 Via Facsimile No. _____
 Via E-Mail Attachment
 Please Acknowledge Receipt

Attorney Docket: P56623

J1046 U.S. PTO
02/21/02

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is the following patent application:

Inventor: 1) YOUNE-SANG LEE
2) SANG-JIN HONG

Title: SYSTEM AND METHOD FOR RESTORING DIGITAL TV SIGNAL

Please find attached hereto an application for patent which includes: Specification and Abstract, Claims, original Declaration And Power of Attorney, Assignment, and a certified copy of the foreign priority document identified below:

Verified Showing of Small Entity Status: NO

Drawings: Formal drawings, 6 sheets, Figures 1 through 5

Claim of priority under 35 U.S.C. §119: YES

** The Republic Of Korea Application No. 42812/2001 filed on 16 July 2001

FEE (see formula below): CHECKS ENCLOSED (#42072 & 42073)

Basic Fee \$370/740 \$740.00

Additional Fees:

Total number of claims in excess of 20: ____ times \$9/18 . \$0.00

Number of independent claims in excess of 3: 2 times \$42/84 \$164.00

Multiple Dependent Claims \$135/270 \$0.00

An Assignment is likewise enclosed: Recording Fee \$40 .. \$40.00

Filing Non-English specification \$0.00

TOTAL FEES FOR THE ABOVE APPLICATION \$948.00

Assistant Commissioner for Patents
21 February 2002
Page Two

Docket No.: P56623

Inventor: 1) YOUNE-SANG LEE
 2) SANG-JIN HONG

Title: **SYSTEM AND METHOD FOR RESTORING DIGITAL TV SIGNAL**

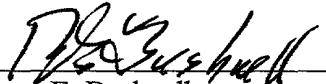
Assistant Commissioner is authorized to charge our Deposit Account No. 02-4943 for any additional charges necessary towards payment of the issue fee for the above-referenced application. Please notify the undersigned attorney of any transaction regarding our Deposit Account.

In view of the above, it is requested that this application be accorded a filing date pursuant to 37 CFR 1.53(b).

Please address all correspondence to:

Robert E. Bushnell
1522 K Street, N.W.
Suite 300
Washington, D.C. 20005

Respectfully submitted,



Robert E. Bushnell
(Registration No. 27,774)
Payor No.: 008-439
Attorney for the Applicant
1522 K Street, N.W.
Suite 300
Washington, D.C. 20005

Telephone: (202) 408-9040
Telefacsimile: (202) 628-0755

REB/kf



02/21/02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL

Patent fees are subject to annual revision.

| Complete If Known | | | | | |
|---|----------|--------------------------|------------------------------|--|------------------------------------|
| Application Number | | | to be assigned | | |
| Filing Date | | | 21 February 2002 | | |
| First Named Inventor | | | Youn Sang LEE | | |
| Examiner Name | | | to be assigned | | |
| Group/Art Unit | | | to be assigned | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) <u>948.00</u> | | Attorney Docket No. | |
| METHOD OF PAYMENT (check one) | | | | | |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | | | | |
| Deposit Account Number: | | <u>02-4943</u> | | | |
| Deposit Account Number: | | | | | |
| <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: (CHECKS #42072 & 42073) | | | | | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Entity | | Small Entity | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 101 | 740 | 201 | 370 | Utility filing fee | \$740.00 |
| 106 | 330 | 206 | 165 | Design filing fee | \$ |
| 107 | 510 | 207 | 255 | Plant filing fee | \$ |
| 108 | 740 | 208 | 370 | Reissue filing fee | \$ |
| 114 | 160 | 214 | 80 | Provisional filing fee | \$ |
| SUBTOTAL (1) | | (\$)<u>740.00</u> | | | |
| 2. EXTRA CLAIM FEES | | | | | |
| | | Extra Claims | Fee from below | Fee Paid | |
| Total claims | 17 | -20** = | x | = | |
| Independent Claims | 5 | -3** = | 2 | x | \$84.00 = \$168.00 |
| Multiple Dependent | | | | | |
| ** or number previously paid, if greater; For Reissues, see below | | | | | |
| Large Entity | | Small Entity | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | (\$)<u>168.00</u> | | | |
| Other Fee (specify) _____ \$ | | | | | |
| Other Fee (specify) _____ \$ | | | | | |
| ** Reduced by Basic Filing Fee Paid | | | | | |
| | | | | | SUBTOTAL (3) \$40.00 |
| SUBMITTED BY | | | | | Complete (if applicable) |
| Typed or Printed Name | | Robert E. Bushnell, Esq. | | | Reg. Number <u>27,774</u> |
| Signature | | | Date <u>21 February 2002</u> | Deposit Account User ID | |

REB/kf

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.